1	Change in Company's premium or rate	level produced by rate revision effective	04/01/2015
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	•	
9.	Fire	35,084	-2.3%
10.	Extended Coverage	640,296	-2.3%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance	· · · · · · · · · · · · · · · · · · ·	
	iling only apply to certain territory (ter Applicable	ritories) or certain classes? If so, specify:	
The	purpose of this filing is to adopt	rates of an advisory organization, specify of the following Insurance Services C evision Designation Number CF-20	Office, Inc. (ISO)
** C	djusted to reflect all prior rate changes. hange in Company's premium level wh sult from application of new rates.		

ACE American Insurance Company
Name of Company

Renice Cox, Associate Product Manager Official - Title

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		-
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	0	-2.3%
10.	Extended Coverage	1,123,528	-2.3%
11.	Inland Marine		
12.	Homeowners		·
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Joes f	filing only apply to certain territory (1	erritories) or certain classes? If so, specify:	
	Applicable	or contain classes. If so, speen,	
1101	Търмешеле		
-			<u>-</u>
Brief (description of filing. (If filing follow	s rates of an advisory organization, specify of	organization).
		pt the following Insurance Services C	
		Revision Designation Number CF-20	
Con	innercial Fire and Amed Lines	Revision Designation Number C1-20	714-KLA1
_			

result from application of new rates.

ACE Property & Casualty Insurance Company
Name of Company

Renice Cox, Associate Product Manager
Official - Title

FORM (RF-3)

SUMMARY SHEET

Coverage Automobile Liability Private Passenger	Volume (Illinois) *	_ Change (+or-) **
-		
rassenger		
Commercial		
Automobile Physical Damag		
Private Passenger Commercial		
		
Liability Other Than Auto Burglary and Theft		
Glass	**	
Fidelity		
Surety		
Boiler and Machinery		
Fire	2,607,703	0.0
Extended Coverage	2,607,703	-2.3
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other		
Life of Insurance		
Does filing only apply to certa	in territory (territories) or	certain
Classes? If so,		
specify: No		
Brief description of filing. (If fi	iling follows rates of an a	dvisory
Organization, specify	ming ronows rates or arra-	avisory
organization):	Adopt ISO's revised loss of	costs
*Adjusted to reflect all prior ra		
**Change in Company's prem	nium level which will resul	It from application of ne
rates.		
	AXA Insurance Co	mpany
	AXA Insurance Co Nar Linda Gross, Corpo	me of Company

C	Change in Company's premium or rate l	evel produced by rate revision effective	4/1/2015
			<u> </u>
	(1)	(2)	(3)
		Annual Premium	Percent
_	Coverage	Volume (Illinois)*	Change (+ or -)**
Δ	automobile Liability		
	Private Passenger		
	Commercial		
Α	Automobile Physical Damage		
	Private Passenger		
	Commercial		
L	iability Other Than Auto		
	Burglary and Theft		
	Glass		
	idelity		
	Surety		
	Boiler and Machinery		
	ire	\$40,957	-2.30%
	Extended Coverage		
	nland Marine		
	lomeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Line of Insurance		
se f	filing only apply to certain territory (territ	ories) or certain classes? If so, specify:	No
50 I	ining oray apply to certain territory (territ	ones) or certain desses. If so, specify	110
ef d	lescription of filing. (If filing follows rate	s of an advisory organization, specify organ	nization):
	ing ISO loss costs, Revision Designatio		<u> </u>
<i>-</i>	ng too too occup, to to g		
_			
٨	Adjust to reflect all prior rate changes		
	Adjust to reflect all prior rate changes.		_

Change in Company's premium level which will result from application of new rates.

COLUMBIA MUTUAL INS. CO. Name of Company

Dennis McVay, CPCU Director, Research & Development Official - Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Cha	ange in Company's premium or rate lev	el produced by rate revision of	effective	4/1/2015
	(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>		(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private			
	Passenger Commercial			
2.	Automobile Physical Damage Private Passenger Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity			
7.	Surety			
8.	Boiler and Machinery		 	
9.	Fire	\$	324	-2.3%
	Extended Coverage	<u> </u>		
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril	\$	88,607	-2.3%
	Crop Hail			
15.	Other			
	Line of Insurance			
Doe	es filing only apply to certain territory (te	erritories) or certain classes?	If so specify:	No
500	a ming only apply to contain territory (to	sintenesy or certain classes.	n co, opcony.	110
	of description of filing. (If filing follows ratest loss cost changes in ISO Reference Filing #			
	justed to reflect all prior rate changes. nange in Company's premium level wh	ich will result from application	of new rates.	
	<u>G</u> <u>-</u> , - <u>p</u>	2 2.4.4. 32.00		
			Crum & Forst	er Indemnity Company
			Nam	e of Company
			Michele Raeihle -	Vice President and Actuary
				ficial – Title

Change in Company's premium or rate level produced by rate revision effective 4/1/15 (2) (3)(1)Percent Annual Premium Volume (Illinois) * Change (+ or -) ** Coverage 1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity 7. Surety **Boiler and Machinery** 2,991,847 9. Fire -0.7% Included in 9 -0.7% 10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Line of Insurance Does filing only apply to certain territory (territories) or certain classes? If so, specify: No Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of ISO's F&A loss cost changes from circular CF-2014-130. * Adjusted to reflect all prior rate changes. ** Change in Company's premium level which will result from application of new rates. Federated Mutual Insurance Company Name of Company

Vice President

Official - Title

Change in Company's premium or rate level produced by rate revision effective 4/1/15

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+ or -) **
1.	Automobile Liability Private Passenger		
2.	Commercial Automobile Physical Damage Private Passenger		
3. 4. 5. 6. 7. 8. 9.	Commercial Liability Other Than Auto Burglary and Theft Glass Fidelity Surety Boiler and Machinery Fire Extended Coverage	678,633 Included in 9	-0.7% -0.7%
11. 12. 13. 14.	Inland Marine Homeowners Commercial Multi-Peril Crop Hail Other Line of Insurance		
<u>N</u>	es filing only apply to certain territory (terrion) o ef description of filing. (If filing follows rate		
_A	doption of ISO's F&A loss cost changes f	rom circular CF-2014-130.	
'* C	Adjusted to reflect all prior rate change change in Company's premium level which will result from application of new rates.	h Federated Service	Insurance Company ne of Company Abyle Glen

Vice President
Official - Title

FORM (RF-3)

Change in Company's premium or rate level produced by rate revision

SUMMARY SHEET

	effective <u>4/01/2015</u>	·				
	(1)	(2) Annual Premium	(3) Percent			
4	Coverage	Volume (Illinois) *	Change (+or-) **			
1.	Automobile Liability Private					
	Passenger					
	Commercial					
2.	Automobile Physical Damage					
	Private Passenger					
	Commercial					
3.	Liability Other Than Auto					
4.	Burglary and Theft					
5.	Glass					
6.	Fidelity					
7.	Surety					
8.	Boiler and Machinery					
9.	Fire	GA 1,083,355	<u>-1.7%</u>			
10.						
11.	Inland Marine					
12.						
13.						
14.						
15.			·			
	Life of Insurance					
	Does filing only apply to certain to Classes? If so, specify: Pertains to specifically ra		in			
	Brief description of filing. (If filing	follows rates of an advisor				
	Organization, specify	teners rated or an advicer;	•			
	organization): We intend to adop	t only the specifically rated	risks portion of the ILLINOIS			
	COMMERCIAL FIRE AND ALLIE	D LINES ADVISORY PRO	SPECTIVE LOSS COST			
	REVISION FURNISHED FOR US	REVISION FURNISHED FOR USE as contained in ISO Reference Document: CF-2014-				
	RLA1, effective April 1, 2015, for					
		<u></u>				
	*Adjusted to reflect all prior rate of	changes				
	Aujusted to reflect all prior rate t	manges.				

**Change in Company's premium level which will result from application of new rates.

Graphic Arts Mutual Insurance Company
Name of Company
Diane Hausserman AVP & Managing Actuary
Official – Title

	Change in Company's premium or rate	e level produced by rate revision effective	04/01/2015
	(1) <u>Coverage</u>	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto	<u> </u>	<u> </u>
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	5,784	-2.3%
10.	Extended Coverage	28,239	-2.3%
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
Does	Line of Insurance	rritories) or certain classes? If so, specify:	
	Applicable	intones, of certain classes: 11 so, specify.	
The	purpose of this filing is to adop	rates of an advisory organization, specify of the following Insurance Services Cevision Designation Number CF-20	Office, Inc. (ISO)
** C	djusted to reflect all prior rate changes hange in Company's premium level where sult from application of new rates.	nich will	

Insurance Company of North America

Name of Company

Renice Cox, Associate Product Manager Official - Title

Form (RF-3) ILLINOIS DEPARTMENT OF INSURANCE **SUMMARY SHEET**

Change in Company's premium or rate	e level produced by rate revision effective	4/1/2015
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commerci	al	
3. Liability Other Than Auto		
4. Burglary and Theft		<u> </u>
5. Glass		
6. Fidelity		
7. Surety		
Boiler and Machinery		
9. Fire	\$ 1,113	-2.3%
Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril	\$ 199,013	-2.3%
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territor	y (territories) or certain classes? If so, spe	cify: No
_ · · · · · · · · · · · · · · · · · · ·	vs rates of an advisory organization, specif	· · · · · · · · · · · · · · · · · · ·
the latest loss cost changes in ISO Reference Fil	ing # CF-2014-RLA1 with no change to our loss cost a	nultiplier.
*Adjusted to reflect all prior rate chang		-1
""Change in Company's premium leve	l which will result from application of new r	ates.
	The	North Biron Ingress Commen
		North River Insurance Company Name of Company
	Michela I	Raeihle - Vice President and Actuary
	Wildlie I	Official – Title
		C. Transit I I II O

	(1)	(2)	(2)
	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger	<u></u>	
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery	0.100	0.22/
9.	Fire	8,122	-2.3%
10.	Extended Coverage	8,191	-2.3%_
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other	<u> </u>	
	Line of Insurance		
. 6		:	
		erritories) or certain classes? If so, specify:	
NOL	Applicable		
			·
	taring con accument		
		s rates of an advisory organization, specify of	
		of the following Insurance Services C	
Con	imercial Fire and Allied Lines	Revision Designation Number CF-20)14-RLA <u>1</u>
	djusted to reflect all prior rate change		
	hange in Company's premium level w	men will	
	sult from application of new rates.		

Pacific Employer Insurance
Company
Name of Company

Renice Cox, Associate Product Manager Official - Title

H29219D

FORM (RF-3)

SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
	Automobile Liability Private		
	Passenger		
	Commercial		
	Automobile Physical Damage		
	Private Passenger		
	Commercial		
	Liability Other Than Auto		
	Burglary and Theft	· , ,	
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire	RFI-\$574,884	-0.7 %
).	Extended Coverage		
	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		
١.	Crop Hail		
i.	Other		
	Life of Insurance		
	Does filing only apply to certain to	erritory (territories) or c	ertain
	Classes? If so,		
	specify: Pertains to specifically ra	ited Basic Group 1 only	/
	Brief description of filing. (If filing	follows rates of an adv	icon
	Organization, specify	TOHOWS TALES OF ALL AUV	isoi y
	organization): We intend to adop	t only the specifically ra	ated risks portion of the ILLIN
	COMMERCIAL FIRE AND ALLIE	TO LINES ADVISORY	PROSPECTIVE LOSS COST
	REVISION FURNISHED FOR US		
	RLA1, effective April 1, 2015, for		

Republic- Franklin Insurance Company
Name of Company
Diane Hausserman AVP & Managing Actuary
Official – Title

^{*}Adjusted to reflect all prior rate changes.

^{**}Change in Company's premium level which will result from application of new rates.

Change in Compa	my's premium or rate level produced by	/ rate
revision effective_	4/1/2015	
_		

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	Change (+ or -)**
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire	\$1,025,263	-2.3%
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14. 15.	Crop Hail		
15.	Other Line of Insurance		
	s Filing only apply to certain territory (to sees? If so, specify:	erritories) or certain	
	description of filing. (If filing follows ranked initial follows ranked in the filling follows r	ates of an advisory doption of ISO Loss Costs	

Seneca Insurance Company Name of Company

Kevin Purcell - VP IRC, LLC
Official - Title

^{*} Adjusted to reflect all prior rate changes.
** Change in Company's premium level which will result from application of new rates.

FORM (RF-3)

SUMMARY SHEET

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **	
-	Automobile Liability Private	· Volume (minors)	- Change (+OI-)	
	Passenger			
	Commercial			
	Automobile Physical Damag			
	Private Passenger		•	
	Commercial	**************************************	HIII WAR AND	
l	Liability Other Than Auto			
	Burglary and Theft			
(Glass			
1	Fidelity			
5	Surety			
1	Boiler and Machinery			
-	Fire	\$1,265,751	-2.3%	
E	Extended Coverage			
I	nland Marine			
	Homeowners			
	Commercial Multi-Peril		<u> </u>	
	Crop Hail		to the second se	
(Othe <u>r</u>			
	Line of Insurance			
	Does filing only apply to certain territory (territories) or certain Classes? If so.			
	specify: N/A			
	<u></u>			
	Brief description of filing. (If filing follows rates of an advisory			
	Organization, specify	g	,	
	organization):	Adoption of ISO Illinois C	ommercial Fire and Allied Lines Advisory	
	Prospective Loss Cost Revision.			
	Circular # LI-CF-2014-130			
	*Adjusted to reflect all prior rate changes.			
	**Change in Company's premium level which will result from application of new rates.			
		Sompo Japan Ins	urance Company of America	
			ame of Company	
		Temica Taylor, Sta	ite Filings Analyst	
			Official - Title	

FORM (RF-3)

SUMMARY SHEET

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **		
1.	Automobile Liability Private				
	Passenger				
	Commercial				
2.	Automobile Physical Damage	· · · · · · · · · · · · · · · · · · ·			
	Private Passenger				
	Commercial				
i.	Liability Other Than Auto				
ļ.	Burglary and Theft				
5.	Glass	•	<u> </u>		
3.	Fidelity	· · · · · · · · · · · · · · · · · · ·			
7.	Surety	-			
3.	Boiler and Machinery				
).	Fire	65,268	-2.5%		
0.	-	00,200	2.070		
1.	Inland Marine		-		
	Homeowners				
3.					
4.	_				
5.	•				
•	Life of Insurance				
	Does filing only apply to certain t Classes? If so,	erritory (territories) or certa	ain		
	specify: no				
	Brief description of filing. (If filing follows rates of an advisory				
	Organization, specify organization): ISO Adoption of CF-2014-RLA1				
	*Adjusted to reflect all prior rate changes. **Change in Company's premium level which will result from application of new rates.				
		<u>Tokio Marine An</u>	nerica Insurance Company		
		' '	lame of Company		
			Official – Title		

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate	level produced by rate revision effect	tive <u>4/1/2015</u>
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
		
Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage	1	
Private Passenger Commercia 3. Liability Other Than Auto	1	
Burglary and Theft		
5. Glass	-	
6. Fidelity		
7. Surety	-	
8. Boiler and Machinery		
9. Fire	\$ 1	309 -2.3%
10. Extended Coverage		
11. Inland Marine	-	
12. Homeowners		
13. Commercial Multi-Peril	\$ 328	3,720 -2.3%
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory	(territories) or certain classes? If so	, specify: No
Duint description of filing /If filing follows		nocific accomination). Mr. Sr. J. J.
, , , ,		pecify organization): We are filing to adopt
the latest loss cost changes in ISO Reference Filin	ng # CF-2014-RLA1 with no change to our loss	cost multipiler.
· · · · · · · · · · · · · · · · · · ·		
*Adjusted to reflect all prior rate change	25	
**Change in Company's premium level		new rates
Shange in company a premium rever	Trinon trin redail from application of the	10.00.
		United States Fire Insurance Company
		Name of Company
		, ,
	Mid	chele Raeihle - Vice President and Actuary
		Official – Title

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision.

	effective 4/01/2015	·		
	(1)	(2) Annual Premium	(3) Percent	
	Coverage	Volume (Illinois) *	Change (+or-) **	
1.	Automobile Liability Private			
	Passenger			
	Commercial			
2.	Automobile Physical Damage			
	Private Passenger			
	Commercial			
3.	Liability Other Than Auto			
4.	Burglary and Theft			
5.	Glass			
6.	Fidelity		· · · · · · · · · · · · · · · · · · ·	
7 .	Surety			
8.	Boiler and Machinery			
9.	Fire	UM 292,696	-0.9%	
10.	Extended Coverage			
11.	Inland Marine			
12.	Homeowners			
13.	Commercial Multi-Peril			
14.	Crop Hail			
15.	Other			
	Life of Insurance			
	Does filing only apply to certain t Classes? If so, specify: Pertains to specifically ra	,	in	
	Brief description of filing. (If filing follows rates of an advisory			
	Organization, specify			
	organization): We intend to adopt only the specifically rated risks portion of the ILLINOIS			
	COMMERCIAL FIRE AND ALLIED LINES ADVISORY PROSPECTIVE LOSS COST			
	REVISION FURNISHED FOR USE as contained in ISO Reference Document: CF-2014-			
	RLA1, effective April 1, 2015, for	new and renewal business	S	
				
	*Adjusted to reflect all prior rate of	changes		

Utica Mutual Insurance Company Name of Company Diane Hausserman AVP & Managing Actuary
Official – Title

^{**}Change in Company's premium level which will result from application of new rates.